

COUNTY OF LOS ANGELES

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Chief Deputy Director

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Medical Director



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DEPARTMENT OF MENTAL HEALTH

<http://dmh.lacounty.gov>

550 SOUTH VERMONT AVENUE, LOS ANGELES, CALIFORNIA 90020

Reply To: (213) 738-4601
Fax: (213) 386-1297

April 11, 2011

TO: Each Supervisor

FROM: Marvin J. Southard, D.S.W.
Director of Mental Health

SUBJECT: **TERMINATION OF MENTAL HEALTH SERVICES AGREEMENT WITH
VALERIE V. VON RAFFAY, PH.D.**

This is to advise your Board of the termination of the Mental Health Services Agreement – Medi-Cal Professional Services (No. MH29346) between Valerie V. Von Raffay, Ph.D., and the County of Los Angeles – Department of Mental Health, effective February 22, 2011, pursuant to Paragraph 2B (1) of the Agreement, at the written request of the contractor dated February 22, 2011.

The Board approved the Agreement format identified on June 2, 2009, Agenda Item Number 23, in regards to the renewal of Mental Health Services Agreement – Medi-Cal Professional Services.

If you have any questions or concerns regarding this termination, please contact me, or your staff may contact Richard Kushi, Contracts Development and Administration Division, at (213) 738-4684.

MJS:RK:SK:sz

Attachments (2)

c: Executive Officer, Board of Supervisors
Chief Executive Officer
County Counsel
Robin Kay, Ph.D.
Roderick Shaner, M.D.
Richard Kushi
Mike Motodani

Valérie von Raffay, Ph.D.
450 N. Bedford Dr., Suite 312
Beverly Hills, CA 90210
Tel. 310.275.2183
FAX 310.828.5657


February 22, 2011

LA County Mental Health Department

To Whom It May Concern:

Please be advised that effective immediately I am resigning as a provider with LA County Mental Health.

Sincerely,


Valérie von Raffay, Ph.D.
Clinical Psychologist License # PSY15067
NPI # 1861458457
Provider # PSY15067

Log # 513-513
403 # _____

SERVICE REQUEST FORM

Date: 3/9/2011

CE: CDAD
Helen Wang
Lynne

<div>CH</div> <div>CH</div> <div>Date:</div> <div>Lead District Chief:</div> <div>Program Lead:</div>	Approved by: Deputy Director <u>Roderick Sanchez</u> Signature <u>3.11.11</u>	Approved by: Director of Finance <u>[Signature]</u> Signature <u>3/31/2011</u>
	<u>Pamela Washington</u>	<u>[Signature]</u>
	<u>Nathaniel Thomas</u>	<input checked="" type="checkbox"/> No Budget Impact
		<input type="checkbox"/> B.A. Required

I. Contact Person: Nathaniel Thomas /Helen Wang Tel No.: 738-2814/738-3491

Fiscal Year FY 2010-11 ☐ One-Time ☒ On-Going

☐ New Contract ☐ Amendment ☐ RFP ☐ RFS/RFI

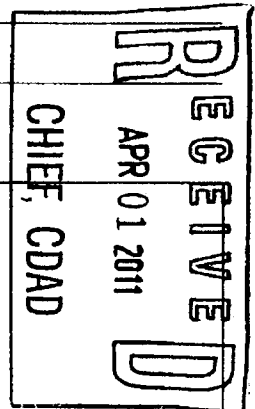
☐ Board Letter Required (CDAD only)

☒ OTHER: Termination of provider

II. Provider Name: See Action Box for the name(s) of the FFS II Individual Provider(s)

III. DESCRIPTION OF PROJECT AND REQUESTED ACTION (Attach all supporting documents).

Termination of Provider (Valerie von Raffay) PSY150670

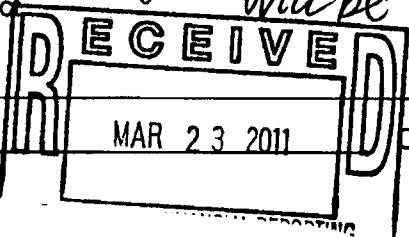


IV. SPECIFY FUNDING SOURCES, AMOUNT & OBJECT CODE (Attach supporting documents including the current Financial Summary and Sub-Program Schedule and Fee Schedule annotated with changes and PFARs.)

State Managed Care Allocation and FFP Medi-Cal. The estimated annualized FFS2 expenditure is approximately \$10 million (SGF+ FFP) overall for individual, group and org providers.

No Budget Impact

Budget is \$8.566 million
Will be overexpended



Budget Analyst: _____ Contract Administrator: _____

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